

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Bill Tilghman																																									
ADDRESS (number and street) PO Box 747																																									
CITY, STATE, and ZIP CODE Centreville MD 21617																																									
2. NAME OF CANDIDATE William F Tilghman		3. OFFICE SOUGHT (State and District) House MD 01																																							
4. FEC IDENTIFICATION NUMBER C00543587																																									
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="3"> Ralph I Peer II 89 Harbor Dr Novato CA 94945-3529 </td> <td>Peer Music</td> <td rowspan="3">10/31/2014</td> <td rowspan="3">1000.00</td> </tr> <tr> <td colspan="2">Transaction ID : VN8K9DDYPD6</td> </tr> <tr> <td>Occupation</td> <td>Music Publisher</td> </tr> <tr> <td rowspan="3"> Norm D. St. Landau 300 Oak Farm Ln Centreville MD 21617-2622 </td> <td>Drinker Biddle & Reath LLP</td> <td rowspan="3">10/31/2014</td> <td rowspan="3">1000.00</td> </tr> <tr> <td colspan="2">Transaction ID : VN8K9DDYSG6</td> </tr> <tr> <td>Occupation</td> <td>Attorney</td> </tr> <tr> <td rowspan="3"> Artur G. Zimmer 4510 Bachelors Point Ct Oxford MD 21654-1405 </td> <td>Caloris Engineering</td> <td rowspan="3">10/31/2014</td> <td rowspan="3">1000.00</td> </tr> <tr> <td colspan="2">Transaction ID : VN8K9DDYFZ3</td> </tr> <tr> <td>Occupation</td> <td>CEO</td> </tr> <tr> <td rowspan="2"> D. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2"> E. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Ralph I Peer II 89 Harbor Dr Novato CA 94945-3529	Peer Music	10/31/2014	1000.00	Transaction ID : VN8K9DDYPD6		Occupation	Music Publisher	Norm D. St. Landau 300 Oak Farm Ln Centreville MD 21617-2622	Drinker Biddle & Reath LLP	10/31/2014	1000.00	Transaction ID : VN8K9DDYSG6		Occupation	Attorney	Artur G. Zimmer 4510 Bachelors Point Ct Oxford MD 21654-1405	Caloris Engineering	10/31/2014	1000.00	Transaction ID : VN8K9DDYFZ3		Occupation	CEO	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																						
Ralph I Peer II 89 Harbor Dr Novato CA 94945-3529	Peer Music	10/31/2014	1000.00																																						
	Transaction ID : VN8K9DDYPD6																																								
	Occupation			Music Publisher																																					
Norm D. St. Landau 300 Oak Farm Ln Centreville MD 21617-2622	Drinker Biddle & Reath LLP	10/31/2014	1000.00																																						
	Transaction ID : VN8K9DDYSG6																																								
	Occupation			Attorney																																					
Artur G. Zimmer 4510 Bachelors Point Ct Oxford MD 21654-1405	Caloris Engineering	10/31/2014	1000.00																																						
	Transaction ID : VN8K9DDYFZ3																																								
	Occupation			CEO																																					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																						
	Occupation																																								
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																						
	Occupation																																								
SIGNATURE (optional) Nancy Elaine Harrison <div style="text-align: right;">[Electronically Filed]</div>		DATE 11/01/2014																																							
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																									

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)